

The Gables Care Limited

# The Gables

## Inspection report

7 West Moors Road  
Ferndown  
Dorset  
BH22 9SA

Tel: 01202855909

Date of inspection visit:  
16 February 2016  
18 February 2016  
19 February 2016

Date of publication:  
11 May 2016

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 16 February 2016 and was unannounced. The inspection continued on 18 February and 19 February 2016. The service is registered to provide personal care with accommodation for up to eight adults. The service had one ensuite bedroom on the ground floor. There was a large open plan living area which led round into a dining area which led into a large kitchen. To the rear of the dining room there was an activities/craft room and then three offices. Just off the hallway was a staff toilet and shower room. On the first floor there were seven bedrooms six of which were en-suite. There was one bathroom, a staff sleep-in room and a laundry room. Outside there was a large driveway with electric gates and an enclosed rear garden and patio area.

The service has a Registered Manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had risk assessments in their care files which identified the risk and had control measures in place to minimise them however people's risks in relation to holidays were not appropriately assessed. The provider had a system to assess people's risk and needs when being supported away from the home, however these were not followed. One person using the service was supported on holiday the week prior to our inspection.

Staff and relatives told us that there were not always enough staff to support people who had one to one hours which meant that sometimes these people were unable to access the community or do activities outside of the home. The proprietor told us there was no arrangement in place for deploying staff at different times during the day. They said they had recently recruited a new staff member and are currently advertising for more new staff.

Staff and relatives told us that some people lacked capacity to make decisions in areas such as medication, support planning and personal care. Staff were not able to show us any capacity assessments or best interest meetings which had taken place on behalf of people. The registered manager told us capacity assessments and best interest decisions are not completed but should be. Four people had a standard DOLs authorisation in place and two were in process with the local authority.

Staff and relatives told us that they did not feel the service was well led or managed. Staff told us that the manager didn't support or listen to them. A relative said, "I don't feel the registered manager has any idea what's happening". We discussed these concerns with the proprietor in the absence of the registered manager who told us they are in the process of taking action to address this.

People said they felt safe living at the service and that staff supported them. Staff and relatives told us they thought the service was safe. One relative told us, "My relative comes home every Sunday and they aren't sad to go back which is good".

Staff were able to tell us how they would recognise signs of abuse and what they would do if they had concerns that someone was at risk. One staff member said, "Signs of abuse may include changes in behaviour, unexplained bruising or money not adding up". Training records we reviewed showed that staff had received training in safeguarding adults.

Medicines were stored and recorded safely by staff. Only trained staff administered medicines.

Staff were knowledgeable of people's needs and told us that they had received regular training which related to their roles and responsibilities. We reviewed the training matrix and saw that refresher training was required in a number of areas. The proprietor showed us a list of confirmed training days which were coming up for all staff. Staff had not received training specific to their roles for example autism awareness, epilepsy or learning disability. We mentioned this to the proprietor who said that they will look into it.

Staff told us that they supported people to make decisions using different methods of communication which included pictorial, verbal, sign and body language. A staff member said, "I give people options and information to support them to make informed decisions and choices".

People told us that they liked the food and had opportunities to cook. One person said, "I cook on Sunday and Wednesday, I like it". Staff told us that most meals are home cooked and that there was a four week rolling menu. A staff member said, "We have residents meetings. Menus are discussed every season and new menu's created". We reviewed the menu and saw that it was pictorial and had a variety of nutritious meals.

People and relatives told us that staff were caring. We observed positive, kind and caring interactions between people and staff. Staff respected people's privacy and dignity by closing doors and curtains when supporting them with personal care.

People were allocated key workers who coordinated the care and support for them. We reviewed care records which showed that person centred approaches were used and that people were supported and encouraged to be part of their care and support planning. Key worker monthly meetings took place with people and staff to gain feedback, discuss their areas of support and look at future goals.

People's care files reflected individual areas of support and recorded what people can do and what they would like support with. Staff were able to tell us about how they had responded to people's changing needs. Reviewed areas of care were shared with staff via a communication folder which staff were required to read and sign.

When there were enough staff on duty people were supported into the community and on outings and activities. Records showed that people worked at a local farm, went to clubs, discos and swimming to name a few.

People were involved in residents meetings. Notes recorded people's feedback, updates and upcoming events. These meetings had a regular slot on the staff meeting agenda. The service produced a seasonal newsletter which was shared with people in these meetings. We noted that a meeting had not taken place for five months. We were told that one was in the process of being arranged.

People and relatives told us they knew how to complain and who to approach with any concerns. The service had a complaints recording system in place which captured the detail and steps taken to address them.

Staff and relatives told us the new proprietor was working hard to improve the service. Staff told us they were approachable, supportive and open to staffs ideas and suggestions. The provider told us, "Staff morale is very important to people, me and the service".

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. There were not always sufficient staff available to meet peoples one to one support needs in accessing the community.

Health and safety checks were not always completed and there were a number of outstanding actions required.

Risk assessments in peoples care files and personal emergency evacuation plans were in place and up to date.

Medicines were stored and recorded safely in the service.  
Medicines were only administered by trained staff.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Staff told us that people lacked capacity. Assessments and best interest meeting records were not completed. This meant some people could be at risk of decisions being made which may not be in their best interest.

People were supported to cook meals, eat and drink. People were involved in menu planning.

People were supported to health appointments and health professionals visited the home but these were not always recorded.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People were supported by staff that knew them well and spent time with them.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity at all times.

**Good** ●

### Is the service responsive?

Good 

The service was responsive. People were supported by staff that recognised and responded to their changing needs.

People were supported and encouraged to be actively involved in different activities with each other and staff.

People meetings took place and their feedback was discussed in staff meetings.

### Is the service well-led?

Requires Improvement 

The service was not always well led. The registered manager didn't promote or encourage an open working environment and staff did not feel supported.

The services system for assessing peoples risks and needs when being supported away from the home were not followed by the manager.

Staff and the provider were not aware of regular quality audits or checks which took place. This meant that quality care may not always be delivered.

The registered manager did not always meet their responsibilities for notifying CQC of any changes to their regulated services.

People were supported by staff that use person centred approaches to deliver the care and support they provide.

# The Gables

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 February 2016 and was unannounced. The inspection continued on 18 February and 19 February 2016 and were unannounced.

Before the inspection we looked at notifications we had received about the service. We spoke with the local authority contract monitoring team to get information on their experience of the service. We also looked at the previous inspection report.

Before the inspection we did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information from the provider during the inspection.

We spoke with three people who use the service and three relatives. We received feedback from one health professional on their experience working with the service. We spoke with the Registered Manager and Nominated Individual. We spoke with a senior staff member and five care staff. We reviewed three people's care files. We looked at policies, medication records, emergency plans, risk assessments, health and safety records and management audits of the service. We walked around the building and observed care practice and interaction between care staff and people who live there. We looked at incident and accident reporting, four staff files, the recruitment process and at staff and people's meeting notes. We observed a meal time and medicines being dispensed.

# Is the service safe?

## Our findings

We reviewed the Health and Safety file; there was a check list for staff to complete for each room in the home. Staff told us the registered manager reviewed these and signed the bottom of the form. We saw that the manager had signed and dated them. We found that the last recorded checks were carried out in September 2015. On the record there were two actions identified. One was to fix a person's bedroom window handle and the other was to fix the door frame into the lounge from the hallway. The person's window handle had come off of the frame and was unable to close without someone leaning out of the other window to push it closed. This however was letting a draft in as it could not close and seal properly. We found the lounge door frame had a large crack running up the wall from the floor to the top of the frame. The provider told us that they were unaware of these outstanding actions but would address them quickly.

There was no arrangement for deploying staff at different times during the day. We reviewed the rota which showed that two staff were on duty between the hours of 7.30am and 9am this was when people required support through their morning routines in time for work and day centres. There were two staff on duty between the hours of 4pm and 9.30pm which limited people's opportunity to access the community. A staff member said, "There is not enough staff. Some people prefer certain staff. There is limited opportunity to take people out. One person takes time with personal care, staff can be upstairs for up to an hour leaving one person downstairs". A relative told us, "My relative needs a lot of one to one time but there aren't enough staff. They should have more outings".

People said they felt safe in the service. One person told us, "Yes I feel safe, I like it here. I have my own room and I like my friends". They went onto say, "The best thing here is having my own freedom". Another person said, "Yes I like it here. Nice home. I'm safe here, staff look after me".

Staff said that they felt the home was safe. One staff member told us, "I believe the service is safe. We vet new staff before they start, they do shadow shifts and we observe how they work with the people who live here". Another staff member said, "Yes it's safe here, we know people and staff well".

A relative said that their family member had been using the service for a long time and that they felt the service was safe. Another relative told us that their family member was, "happy to go back to the service after home visits".

Staff were able to tell us how they would recognise if someone was being abused. Staff told us that they would raise concerns with senior staff or management. Staff were aware of external agencies they could contact if they had concerns including the local authority safeguarding team and the Care Quality Commission. One staff member said, "I would look for signs of abuse such as changes in behaviour, bruises, money not adding up. I would talk to the management. Record it. Body map it and follow the safeguarding policy". Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. We observed that on the house notice board there was an easy read "say NO to abuse" guidance document for people to read.



We reviewed three people's risk assessments in their care files which covered a variety of areas such as epilepsy, medication and personal care. These assessments identified hazards, people at risk, control measures and level of risk. They also reflected and signposted staff to relevant guidelines. There was a risk assessment sign off sheet which all staff were expected to sign once they had read them. We reviewed this and saw that all except two staff had done this. A staff member told us, "Risk assessments are completed here by the management. Keyworkers then review them every month".

People had Personal Emergency Evacuation Plans in the fire safety folder which were up to date and reviewed annually. These plans detailed how people should be supported in the event of a fire. The service had what they called an emergency grab file which had contact details for the management team, fire testing guidance, site plan, and guidelines for staff in case of a power cut. We reviewed the weekly fire checks record and found that weekly checks had not been carried out regularly before January 2016. There had been a recent improvement over the past few months. It was unclear why this was. We found that six monthly fire evacuations had taken place.

We saw that agency staff were used regularly. A relative told us, "There are sometimes a lot of agency staff". We observed the senior contacting the agency to cover a shift the following week. There was an agency folder which contained profiles of agency workers and pen profiles of people. This supported agency staff to understand people's care and support needs.

We discussed staffing with the provider and asked how they calculated staffing numbers against allocated one to one hours and people's needs. The provider had taken on the service last October and wasn't aware that the manager used any type of dependency tool. The provider told us that they had recently recruited one new staff member and were waiting for their pre-employment checks to be completed. They said they were currently recruiting more new staff and that there were a number of adverts out. The provider had just restructured the management team and introduced a deputy post and a new senior had been appointed. A relative told us, "New recruits seem to be very bright and motivated. They are supporting my family member well". We looked at the rota for the past four weeks which showed that vacant shifts had been covered by either agency staff or by contracted staff working overtime.

Recruitment was carried out safely. The staff files had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). They also included induction records. There was an agency staff folder which had a copy of agency staffs profiles in there and also a key summary of the people who lived in the service. This supported new agency staff to gain a quick understanding of people's needs before supporting them.

Medicines were stored and recorded safely. medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed. We were told that two people give medicines, one will administer it and the other will witness. Both staff then returned to the MAR and signed it. We reviewed the MAR and found that one person's liquid medicine was not signed for on three occasions. We were told that this would be looked into by the senior. We were told that one person often refused their medication and found that these occasions were recorded and that spoilt medicines were stored and labelled correctly. The senior told us that only staff who have received the pharmacy medicine training could administer medicines to people.

## Is the service effective?

### Our findings

Staff were knowledgeable of people's needs and felt that they were well trained. Staff had received some training which related to their roles and responsibilities such as safeguarding, Mental Capacity Act and medicines. However, staff had not received all training relevant to their roles. For example, not all staff had received training in relation to epilepsy, autism or challenging behaviour. The provider had identified training as an issue and had arranged training for staff in a variety of relevant topics.

One staff member who had worked at the service for a number of years told us, "I feel well trained and that I am up-to-date". Another staff member who had worked at the service for just over a year said, "I am well trained but I have asked for epilepsy training a long time ago. I have not done autism training, not requested it yet". Another staff member told us, "If I come back from training and believe there is something we could change I would take it up with the management team".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Peoples care files contained clear guidelines for staff around offering people options and explaining reasons around choices. The registered manager and staff told us that they had completed MCA training. We reviewed the training records which confirmed this. A staff member told us, "The MCA is in place to treat people as equal, some people here haven't got capacity to make lawful decisions or consent to their care. Capacity assessments should take place and best interest decisions made". They went onto say, "I explain things to people in different ways. This could be pictures, verbal or observational. People have communication passports". These passports identified peoples preferred method of communication and provided staff with approaches to use when communicating to the people they were supporting.

A relative said, "The registered manager hasn't completed any capacity assessments on our relative. I have not been involved in any best interest meetings regarding personal care or medication". The registered manager told us that capacity assessments and best interest meetings had not been completed but should be. This meant that some people who lacked capacity were at risk of having decisions made on their behalf which may not be in their best interest. This could include medicines, personal care and holidays or activities to name a few.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Four people had a Deprivation of Liberty Safeguards (DOLs) authorisation in place. One had a condition attached to it which required the service to support a person to spend productive structured time with them. The person had recently spent time swimming, working at a local farm and shopping. The person used a pictorial weekly timetable which we saw hanging in their room. We asked the registered manager about the other two people. We were told that they were waiting for the

local authorities to confirm who applications should be sent to.

People were supported to cook, eat and drink independently. The service used a four week menu which we were told was seasonal and that people were supported to be involved in planning via house meetings. We reviewed the menu and saw that it was pictorial and there was a variation of nutritious food. We noted that people took it in turns every Saturday to choose dinner. A person said, "I do cooking here. I enjoy cooking fish and chips". Another person told us, "I like food here. I cook Sunday and Wednesday". Another person said, "its corn beef hash and cheese cake today, I like it". One person had a healthy breakfast menu which was also pictorial. A staff member told us, "It's good to support people to cook with us. We try and do home cooked meals there is a four weekly menu. We do an online shop at the weekend. Small shops are done in the week by people and staff". Another staff member told us, "Meals are well balanced and home cooked where possible. We do offer alternative options if someone doesn't want what is on the menu".

We observed people eating around the dinner table with staff. Everyone appeared relaxed, people and staff were talking about what they had done that day. We observed people taking their own dishes to the kitchen once everyone had finished. People then chose where they wanted to go, some went to their room, others into the living room and one person went into the activity room.

People had access to healthcare services and were supported to attend appointments or see health professionals at home. One person told us, "I sometimes visit the Doctor or dentist". One person's care file showed that they had an Occupational Therapist (OT) assessment recently. A staff member said, "People have access to GP, dentist, chiropodist etc. We now have a service vehicle to transport people to health appointments". A staff member told us, "People are supported to attend health appointments. These are discussed in monthly key worker meetings. Records are kept with outcomes and any actions". We found that not all health visits were recorded, for example, one person had recently been involved in a meeting with a psychiatrist which had not been recorded on their record sheet.

A staff member told us, "A person had an infection in their ankle making walking difficult. We supported her to the hospital for an x-ray. They were advised to rest and keep the leg elevated. We gave her a call bell for her to seek staff support to stop her having to get up and walk. This reduced the risk of them falling or prolonging the healing. We arranged for the GP to visit regularly and administered antibiotics to them. They have now made a full recovery".

# Is the service caring?

## Our findings

People, relatives and staff all felt that the service was caring. A person said, "I am supported how I want to be". Another person told us, "I like staff and my key worker". A relative told us, "Staff are caring to people who live there". Another relative said, "I do think the staff are caring at the home. A new member of staff is working closely with my relative and will become her key worker".

The service operated a key worker system where a member of staff coordinates the care and support provided for people assigned to them. It was their responsibility to take a lead on all matters concerning the named person and keep the care team updated with any changes. The home had an up to date key worker policy in place. A staff member told us key workers are matched with people based on hobbies, personalities and interests but this was not recorded.

New staff spent time with people to get to know them and care files held important key information about what was important to them and what their likes and dislikes were. A staff member said, "Staff are caring, they listen and react to people's needs". Another staff member told us, "Colleagues are caring and they show this through compassion, calmness and kindness". They went on to say, "Care is individualised and provided around them". Another staff member said, "Staff care about people's wellbeing and safety. We enjoy seeing the people happy".

We saw staff and management acknowledging people as they entered the communal areas on several occasions. People seemed comfortable in staff's company and often engaged in conversation.

The care files detailed professionals involved in their care and had copies of review reports. These captured people's identity and reflected their preferred method of communication, important things to them and levels of support required. The service held monthly keyworker meetings with people to discuss the care. People were encouraged to express their views and be involved in their care and support. A staff member told us, "We use different ways to communicate with people. This may include pictures, sign language and simple sentences".

Staff were polite and treated people in a dignified manner throughout the inspection. If people required support with personal care they were discretely supported back to their room and doors were closed behind them. We asked a staff member how they respected people's privacy and dignity. They told us, "I knock on doors. Close them behind me. Take people to a private area to discuss private matters or deliver personal care". Other staff confirmed that they closed doors and delivered personal care in private areas for example bedrooms and bathrooms. A relative said, "They respect my relative for who they are as an individual". Another relative told us, "My relative can't wash properly; staff protect her dignity and privacy".

## Is the service responsive?

### Our findings

We observed a very positive culture between people and staff supporting them. Staff demonstrated this using person centred approaches by acknowledging them, promoting choice and promoting independence in an empowering way. People were encouraged to complete daily living tasks for example taking dishes to the kitchen and going to the local shop for bread and milk.

People's care files reflected individual areas of support and recorded what people can do and what they would like support with. For example, an area of support for one person was around accessing the community. Guidelines included, encouraging independence, taking a mobile and keeping the person informed of what is happening during an activity. A person said, "I have regular meetings with staff". A staff member told us, "monthly key worker meetings take place with people, these may highlight changing needs and they are fed back". Another staff member said, "We ask people what they like / dislike and what they may like to change in their meetings". A relative told us, "I think they are getting better at responding to my relatives changing needs".

The service used a traffic light behaviour support plan for people who at times challenged the service. These plans identified what people are like and behaviours they may display at different times depending on their mood. They then listed guidance for staff and approaches to use when behaviour is being presented. Responsive approaches included reading body language, using positive communication and soft tone and keeping self and others safe. There was also post incident guidance which included time out for staff and recording the incident. The registered manager told us they were just about to start using the ABC method of breaking down the incident to identify what might have triggered the situation and how it was responded to and resolved. One person said, "Staff support me with my behaviour. My brother is also coming down to discuss it with me".

We reviewed an occupational therapist report that highlighted some recommendations which staff were aware of and were supporting the person to participate in. These included the use of a gym ball and access to the swimming pool.

People were supported into the community and to attend different activities. People were supported shopping, on outings and holidays. One person told us, "I go on holidays, I can choose where I go. Went to Butlin's last year. Centre Parcs this year". People attended discos, clubs, country parks and some people worked at a local farm. We observed a person doing a puzzle at the table. A person told us, "I enjoy doing craft and puzzles at home". A staff member told us, "Last year we took everyone on a day trip to Swanage which was good".

A staff member told us that a person was supported to bring their railway downstairs after requesting to and that they had also asked if they could call their relative more. The staff member said that they now regularly dial the number for the person and then gives them privacy for the call. A person told us, "I have been working at a local farm today it included feeding and mucking out cows", they went onto say, "I went to football with the new owner in Birmingham recently". The person was very pleased to have gone and was

proud to show us a photograph of himself in the stadium.

The service produced newsletters during the year. We were told that these were seasonal. We saw that there was a Spring newsletter on the people's notice board in the hall. This newsletter was visual and covered topics such as staff changes, the new car, upcoming events and holidays.

We were told that resident meetings took place every three months and that one was currently in the process of being planned. We reviewed the last meeting notes. These covered an introduction to the new owner and feedback following a family picnic day. They recorded that people had enjoyed the day especially seeing their families. The notes also recorded that people had fed back saying that they had enjoyed their summer activities and wanted to attend an upcoming pantomime. The Autumn newsletter was shared with people in the meeting which included new changes, Halloween, bonfire night and Christmas. Resident meeting feedback was a regular item on staff meeting agendas. This showed that the service was actively supporting people to feedback on their experiences however the last meeting took place five months ago.

People and relatives told us they knew how to complain. A person told us, "I would tell staff if I wanted to complain". There was an easy read version of the homes complaints procedure and also an easy read copy of the local authorities and CQC's on the people's notice board. An easy read version is extracts of key text information made visual through photos and/or animations. A relative told us, "I have never been afraid to speak up if I have any concerns". Complaints were recorded which captured the complaint and logged steps taken to address them.

## Is the service well-led?

### Our findings

The new provider took over running the service in October 2015 and had started to implement changes in the service for example, redecoration, the purchase of two vehicles and appointing a deputy to name a few. There was a registered manager in place who was able to support the inspection on the first day of our inspection but not the following two.

The service did not always demonstrate good management and leadership. Staff told us that they didn't feel supported and they did not feel listened to. Staff did not consider that the service was well managed. Relatives commented negatively regarding the management of the service and did not have confidence in the management of the home. A healthcare professional told us that they were frequently given "excuses for why things may not have been done or implemented". The provider told us he was currently investigating the managers performance.

People's risks in relation to holidays were not appropriately assessed. The provider had a system to assess peoples risk and needs when being supported away from the home, however these were not followed. One person using the service was supported on holiday the week prior to our inspection. The provider told us that they had asked for two staff to support the person while on holiday. However, only the registered manager accompanied the person on holiday without the support of additional staff. The registered manager had not informed staff at the service or the provider of the holiday destination or duration and appropriate records had not been completed.

This was a breach of Regulation 17 Good Governance (1) (2) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us, "The new owner is trying very hard to improve the service". Another relative said, "They have a new owner who is very good and caring". Staff told us that they found the new proprietor very approachable, open and responsive to new ideas. A staff member said, "The new owner has changed the approach in staff meetings. We never really had an opportunity to discuss ideas or feedback but now we do". Another staff member told us, "The new owner listens and is open to suggestions. We told him we need more evening staff and he is now recruiting. He has also recently bought a service vehicle and a new dishwasher".

We asked staff if they were aware of any quality monitoring or audits that took place by the management team. Staff were unable to show us anything. We found a medicines audit which was completed monthly. Staff and the provider told us that there were no monitoring systems in place for incidents or accidents.

We discussed quality service delivery with the proprietor who showed and took us through a new quality assurance system which he used in a different home he owns. He told us he was adapting it to fit with these people and service. We saw that new recorded checks would take place on areas such as; health and safety, incidents and accidents, infection control, vehicle, staff and people meetings to name a few. The proprietor told us that the deputy manager and senior were embracing the change and working with them to

implement the changes; they had also visited the other service to see how the system worked. They said that the registered manager is yet to go and see this.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Peoples risks in relation to a persons holiday were not assessed, monitored or mitigated prior to the event and accurate records were not completed.